Case 17-30528-KLP Doc 6 Filed 02/08/17 Entered 02/08/17 14:40:51 Desc Main Document Page 1 of 42

| rmation to identify your | case:   |   |   |   |
|--------------------------|---|---|---|---|
| Melissa Angela V         | Valler  |   |   |   |
| First Name               | Middle Name   | Last Name   |   |   |
|                          |   |   |   |   |
| First Name               | Middle Name   | Last Name   |   |   |
| ankruptcy Court for the: | EASTERN DISTRICT C  | F VIRGINIA  |   |   |
| 17-30528                 |   |   |   |   |
|                          |   |   |   | Check if this is an   |
|                          |   |   |   | amended filing  |
|                          | Melissa Angela V First Name  First Name  ankruptcy Court for the: | First Name Middle Name  ankruptcy Court for the: EASTERN DISTRICT C | Melissa Angela Waller First Name Middle Name Last Name  First Name Middle Name Last Name  ankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA | Melissa Angela Waller First Name Middle Name Last Name  First Name Middle Name Last Name  ankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|     |  | Your a     | ssets<br>of what you own |
|-----|--|------------|--------------------------|
| 1.  | Schedule A/B: Property (Official Form 106A/B)  |            | ,                        |
| ١.  | 1a. Copy line 55, Total real estate, from Schedule A/B   | \$         | 142,650.00               |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$         | 19,047.50                |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$         | 161,697.50               |
| Pai | t 2: Summarize Your Liabilities  |            |                          |
|     |  |            | abilities<br>It you owe  |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$         | 279,180.00               |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$         | 0.00                     |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$         | 17,933.00                |
|     | Your total liabilities   | \$         | 297,113.00               |
| Pai | t 3: Summarize Your Income and Expenses  |            |                          |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$         | 3,028.00                 |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$         | 2,649.00                 |
| Pai | 4: Answer These Questions for Administrative and Statistical Records   |            |                          |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | r other sc | hedules.                 |
| 7.  | ■ Yes What kind of debt do you have?   |            |                          |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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Debtor 1 Melissa Angela Waller

Page 2 of 42 Case number (if known) 17-30528

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form \$ 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

3,893.00

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:   | Total | l claim |
|--|-------|---------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$    | 0.00    |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$    | 0.00    |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$_   | 0.00    |
| 9d. Student loans. (Copy line 6f.)   | \$_   | 0.00    |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_   | 0.00    |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$_  | 0.00    |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$    | 0.00    |

|             | Cas                          | se 17-30528-K                   | LP D0C 6             |                            | ed 02/08/1<br>cument | 17 Entered 0<br><u>Page 3 of 42</u> | 2/08/17 14:4                           | 40:51 I                         | Jes                 | sc Main                                      |
|-------------|------------------------------|---------------------------------|----------------------|----------------------------|----------------------|-------------------------------------|--|---------------------------------|---------------------|--|
| Fill i      | n this info                  | rmation to identify             | your case and th     |                            |                      | Paue 3 UI 42                        |  |                                 |                     |  |
| Debt        |                              |                                 |                      |                            | ,-                   |                                     |  |                                 |                     |  |
| Deni        | .01 1                        | Melissa Ange<br>First Name      |                      | Name                       |                      | Last Name                           |  |                                 |                     |  |
| Debt        |                              |                                 |                      |                            |                      |                                     |  |                                 |                     |  |
| (Spou       | se, if filing)               | First Name                      | Middle               | Name                       |                      | Last Name                           |  |                                 |                     |  |
| Unite       | ed States E                  | Bankruptcy Court for t          | he: EASTERN          | DISTRI                     | CT OF VIRGI          | NIA                                 |  |                                 |                     |  |
| Case        | e number                     | 17-30528                        |                      |                            |                      | _                                   |  |                                 |                     | Check if this is an                          |
|             |                              |                                 |                      |                            |                      |                                     |  |                                 |                     | amended filing                               |
| Sc<br>n eac | hedu<br>h category           |                                 | scribe items. List   |                            |                      | n asset fits in more tha            |  |                                 |                     |  |
| nforn       | nation. If me<br>er every qu | ore space is needed, a estion.  | ttach a separate sl  | neet to th                 | his form. On the     | e top of any additional             | pages, write your n                    |                                 |                     |  |
| 1. Do       | you own o                    | r have any legal or equ         | itable interest in a | ny resid                   | ence, building,      | land, or similar proper             | ty?                                    |                                 |                     |  |
|             | No. Go to P                  | art 2                           |                      |                            | _                    |                                     |  |                                 |                     |  |
| _           |                              | e is the property?              |                      |                            |                      |                                     |  |                                 |                     |  |
|             | res. where                   | e is the property?              |                      |                            |                      |                                     |  |                                 |                     |  |
|             |                              |                                 |                      |                            |                      |                                     |  |                                 |                     |  |
| 1.1         |                              |                                 |                      | What                       | is the property      | ? Check all that apply              |  |                                 |                     |  |
|             | 12409 C                      | ourtyard Ln.                    |                      | •••••                      |                      |                                     | D                                      |                                 |                     |  |
| -           |                              | ss, if available, or other desc | ription              | _                          | Single-family h      |                                     |  |                                 |                     | or exemptions. Put ims on <i>Schedule D:</i> |
|             |                              |                                 |                      | Condominium or cooperative |                      | Creditors V                         | s Who Have Claims Secured by Property. |                                 | ecured by Property. |  |
|             |                              |                                 |                      |                            |                      |                                     |  |                                 |                     |  |
|             |                              |                                 |                      |                            | Manufactured         | or mobile home                      | Current va                             | lue of the                      | Cı                  | irrent value of the                          |
|             | Henrico                      | VA                              | 23233-0000           |                            | Land                 |                                     | entire prop                            |                                 |                     | ortion you own?                              |
|             | City                         | State                           | ZIP Code             |                            | Investment pro       | operty                              | \$28                                   | 35,300.00                       | -                   | \$142,650.00                                 |
|             |                              |                                 |                      |                            | Timeshare            |                                     |  |                                 |                     | ownership interest                           |
|             |                              |                                 |                      |                            | Other                |                                     |  | ee simple, ten<br>e), if known. | ancy                | by the entireties, or                        |
|             |                              |                                 |                      | wno                        |                      | in the property? Check              | one                                    | n Commor                        | 1                   |  |
|             | Henrico                      |                                 |                      |                            |                      |                                     |  |                                 |                     |  |
| -           | County                       |                                 |                      | _                          | Debtor 1 and I       | Dobtor 2 only                       |  |                                 |                     |  |
|             | ,                            |                                 |                      |                            |                      | f the debtors and anothe            |  | if this is con                  | ımur                | ity property                                 |
|             |                              |                                 |                      | Other                      |                      | ou wish to add about th             | (                                      | structions)                     |                     |  |
|             |                              |                                 |                      |                            | erty identification  |                                     | ns item, such as io                    | oui                             |                     |  |
|             |                              |                                 |                      |                            |                      |                                     |  |                                 |                     |  |
|             |                              |                                 |                      |                            |                      |                                     |  |                                 |                     |  |
| 2. <i>I</i> | Add the do                   | ollar value of the po           | rtion you own fo     | r all of                   | your entries f       | rom Part 1, includin                | g any entries for                      |                                 |                     | <b>A</b> 44 <b>0 00 0 0</b>                  |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

pages you have attached for Part 1. Write that number here.....=>

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

\$142,650.00

Case 17-30528-KLP Doc 6 Filed 02/08/17 Entered 02/08/17 14:40:51 Desc Main Page 4 of 42 Document Case number (if known) 17-30528 Debtor 1 Melissa Angela Waller 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles Yes Nissan Do not deduct secured claims or exemptions. Put Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Xterra Model: Debtor 1 only Creditors Who Have Claims Secured by Property. Year: 2008 Debtor 2 only Current value of the Current value of the Approximate mileage: 130.000 Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another Co-owner with ex-spouse \$9.850.00 \$4.925.00 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put Harley-Davidson Who has an interest in the property? Check one 3.2 Make: the amount of any secured claims on Schedule D: **FXDLI Dyna Low Rider** Creditors Who Have Claims Secured by Property. Model: ☐ Debtor 1 only Year: 2006 Debtor 2 only Current value of the Current value of the 4,000 Approximate mileage: ☐ Debtor 1 and Debtor 2 only entire property? portion you own? Other information At least one of the debtors and another Co-owner with ex-spouse \$2,977.50 \$5,955.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$7,902.50 pages you have attached for Part 2. Write that number here.....=> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... **Furniture and Appliances** \$2,500.00 Air purification system \$250.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

Yes. Describe.....

1 TV, 1 laptop \$100.00

page 2

Case 17-30528-KLP Doc 6 Filed 02/08/17 Entered 02/08/17 14:40:51 Desc Main Page 5 of 42 Document Case number (if known) 17-30528 Debtor 1 Melissa Angela Waller 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... Personal clothing \$800.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No Yes. Describe..... Costume jewelry \$50.00 13. Non-farm animals Examples: Dogs, cats, birds, horses □ No Yes. Describe..... \$100.00 2 Mixed breed dogs, 1 cat 14. Any other personal and household items you did not already list, including any health aids you did not list No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$3,800.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

Official Form 106A/B Schedule A/B: Property page 3

Cash

\$20.00

Page 6 of 42 Document Case number (if known) 17-30528 Debtor 1 Melissa Angela Waller 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes..... Connects FCU (Joint account with daughter-Checking and Jordan Waller) \$805.00 Savings 17.1. Suntrust (Joint account with ex-spouse Michael Waller) \$20.00 17.2. Checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: \$6.500.00 401(k) **Fidelity** 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No ☐ Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No

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☐ Yes. Give specific information about them...

Case 17-30528-KLP

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|----|--------------|--|-----------------------------|-------------------------------|---|---|---|
| D  | ebtor 1      | Melissa Angela   | Waller                      |                               | Document 1  | Case number (if known)                                      | 17-30528  |
| 27 | Exan<br>■ No | ses, franchises, and nples: Building permits  Give specific informa  | , exclusive                 | licenses, co                  |   | oldings, liquor licenses, professional licen                | ses   |
| M  | oney o       | r property owed to yo  | ou?                         |                               |   |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28 | ■ No         | efunds owed to you  Give specific informa  | tion about                  | them, includ                  | ing whether you already                           | filed the returns and the tax years                         |   |
| 29 | Exan<br>■ No | y support  nples: Past due or lump  : Give specific informa  |                             | ony, spousal                  | support, child support,                           | maintenance, divorce settlement, propert                    | y settlement  |
| 30 | Exan         | amounts someone on apples: Unpaid wages, on benefits; unpaid to the control of th | disability in:<br>loans you |                               |   | s, sick pay, vacation pay, workers' compe                   | ensation, Social Security   |
| 31 | Exan<br>■ No | ests in insurance polinples: Health, disability  . Name the insurance  | , or life ins               | of each policy                |   | A); credit, homeowner's, or renter's insura<br>Beneficiary: | ance<br>Surrender or refund<br>value:   |
| 32 | some         | nterest in property the pare the beneficiary of some has died.  Give specific informations.  | a living tru                |                               |   | ance policy, or are currently entitled to red               | ceive property because  |
| 33 | Exan ■ No    | as against third partie<br>apples: Accidents, emplo<br>b. Describe each claim  | oyment dis                  | r or not you<br>putes, insura | have filed a lawsuit on ance claims, or rights to | r made a demand for payment<br>sue                          |   |
| 34 | ■ No         | contingent and unlice.  Describe each claim  |                             | laims of eve                  | ery nature, including c                           | ounterclaims of the debtor and rights t                     | o set off claims  |
| 35 | ■ No         | inancial assets you d  |                             | eady list                     |   |   |   |
| 36 |              |  | -                           |                               | Part 4, including any e                           | entries for pages you have attached                         | \$7,345.00  |
| Pa | rt 5: D      | escribe Any Business-R   | Related Prop                | perty You Ow                  | n or Have an Interest In. L                       | ist any real estate in Part 1.                              |   |
|    | No. G        | own or have any legal of to Part 6. Go to line 38.   | or equitable                | interest in a                 | ny business-related prop                          | erty?   |   |

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Case number (if known) 17-30528 Debtor 1 Melissa Angela Waller Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. Part 6: If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? ■ No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$142,650.00 Part 2: Total vehicles, line 5 \$7,902.50 57. Part 3: Total personal and household items, line 15 \$3,800.00 Part 4: Total financial assets, line 36 \$7,345.00 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 60. \$0.00 Part 7: Total other property not listed, line 54 \$0.00 61. Total personal property. Add lines 56 through 61... \$19,047.50 Copy personal property total \$19,047.50

Official Form 106A/B Schedule A/B: Property page 6

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$161,697.50

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|   |                         | D O O O O O O O O O O O O O O O O O O O | 3116       |                       |
|---|-------------------------|---|------------|-----------------------|
| Fill in this infor                      | mation to identify your | case:                                   |            |                       |
| Debtor 1                                | Melissa Angela V        | Valler                                  |            |                       |
|   | First Name              | Middle Name                             | Last Name  |                       |
| Debtor 2                                |                         |   |            |                       |
| (Spouse if, filing)                     | First Name              | Middle Name                             | Last Name  |                       |
| United States Bankruptcy Court for the: |                         | EASTERN DISTRICT O                      | F VIRGINIA |                       |
| Case number                             | 17-30528                |   |            |                       |
| (if known)                              |                         |   |            | ☐ Check if this is an |
|   |                         |   |            | amended filing        |

### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amo  | ount of the exemption you claim                                 | Specific laws that allow exemption |  |
|--|--------------------------------------|------|---|------------------------------------|--|
|  | Copy the value from<br>Schedule A/B  | Ched | ck only one box for each exemption.                             |                                    |  |
| 12409 Courtyard Ln. Henrico, VA<br>23233 Henrico County                                | \$142,650.00                         |      | \$3,721.00  | Va. Code Ann. § 34-4               |  |
| Line from Schedule A/B: 1.1  |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| 2008 Nissan Xterra 130,000 miles<br>Co-owner with ex-spouse                            | \$4,925.00                           |      | \$4,925.00  | Va. Code Ann. § 34-26(8)           |  |
| Line from Schedule A/B: 3.1  |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Furniture and Appliances Line from Schedule A/B: 6.1                                   | \$2,500.00                           |      | \$2,500.00  | Va. Code Ann. § 34-26(4a)          |  |
| Ellie Holli Gollidallo 772. G.1  |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Air purification system  | \$250.00                             |      | \$884.00  | Va. Code Ann. § 34-4               |  |
| Line IIIII Schedule AVD. 4.2   |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| 1 TV, 1 laptop   | \$100.00                             |      | \$100.00  | Va. Code Ann. § 34-26(4a)          |  |
| LINE HOLL SCHEUUIG PVD. 1.1  |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |  |

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Debtor 1 Melissa Angela Waller Case number (if known) 17-30528

| ersonal clothing<br>ne from Schedule A/B: 11.1                    | Copy the value from Schedule A/B \$800.00 | Che | sck only one box for each exemption. \$800.00                   | Va. Code Ann. § 34-26(4) |  |
|---|---|-----|---|--------------------------|--|
|   | \$800.00                                  |     | \$800.00  | Va. Code Ann. § 34-26(4) |  |
|   |   | П   |   |                          |  |
|   |   | _   | 100% of fair market value, up to any applicable statutory limit |                          |  |
| ostume jewelry<br>ne from Schedule A/B: 12.1                      | \$50.00                                   |     | \$50.00   | Va. Code Ann. § 34-4     |  |
| ie IIIIII Schedule A/B. 12.1                                      |   |     | 100% of fair market value, up to any applicable statutory limit |                          |  |
| Mixed breed dogs, 1 cat   | \$100.00                                  |     | \$100.00  | Va. Code Ann. § 34-26(5) |  |
| ie nom Schedule A/B. 13.1   |   |     | 100% of fair market value, up to any applicable statutory limit |                          |  |
| ash<br>ne from <i>Schedule A/B</i> : <b>16.1</b>                  | \$20.00                                   |     | \$20.00   | Va. Code Ann. § 34-4     |  |
| ie IIIIII Schedule A/B. 10.1                                      |   |     | 100% of fair market value, up to any applicable statutory limit |                          |  |
| hecking and Savings: Connects<br>CU (Joint account with daughter- | \$805.00                                  |     | \$805.00  | Va. Code Ann. § 34-4     |  |
| ordan Waller) ne from Schedule A/B: 17.1                          |   |     | 100% of fair market value, up to any applicable statutory limit |                          |  |
| hecking: Suntrust (Joint account ith ex-spouse Michael Waller)    | \$20.00                                   |     | \$20.00   | Va. Code Ann. § 34-4     |  |
| ne from Schedule A/B: 17.2  |   |     | 100% of fair market value, up to any applicable statutory limit |                          |  |
| 01(k): Fidelity<br>ne from Schedule A/B: 21.1                     | \$6,500.00                                |     | \$6,500.00  | Va. Code Ann. § 34-34    |  |
| ie nom <i>Schedule Alb.</i> 21.1                                  |   |     | 100% of fair market value, up to any applicable statutory limit |                          |  |

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|         |                                       |                                      | Document P   | age 11     | L of 42                                |  |                |
|---------|---------------------------------------|--------------------------------------|--|------------|--|--|----------------|
| Filli   | in this informat                      | ion to identify you                  | ır case:   |            |  |  |                |
| Deb     | tor 1                                 | Melissa Angela                       | Waller   |            |  |  |                |
| 500     | -                                     | First Name                           |  | st Name    |  |  |                |
| Deb     | tor 2                                 |                                      |  |            |  |  |                |
| (Spot   | use if, filing)                       | First Name                           | Middle Name La   | st Name    |  |  |                |
| Unit    | ed States Bankr                       | uptcy Court for the:                 | EASTERN DISTRICT OF VIRGINIA   | 4          |  |  |                |
| Cas     | e number <b>17-</b>                   | 20520                                |  |            |  |  |                |
| (if kno |                                       | 30528                                |  |            |  | ☐ Check                                      | if this is an  |
|         |                                       |                                      |  |            |  | _  | led filing     |
| Ott:    | inial Farms                           | 1000                                 |  |            |  |  |                |
|         | icial Form                            |                                      | Mile a Llaves Olainea Ca   |            | al lass Durana ands                    |  |                |
| SC      | neaule ע                              | : Creditors                          | Who Have Claims Se   | cure       | a by Propert                           | <u>y                                    </u> | 12/15          |
| is nee  |                                       |                                      | If two married people are filing together, bout, number the entries, and attach it to th |            |  |  |                |
| 1. Do   | any creditors ha                      | ve claims secured by                 | y your property?   |            |  |  |                |
|         | ☐ No. Check th                        | is box and submit t                  | his form to the court with your other sch  | edules. Y  | ou have nothing else t                 | o report on this form.                       |                |
|         | Yes. Fill in al                       | l of the information                 | below.   |            |  |  |                |
| Part    | List All S                            | Secured Claims                       |  |            |  |  |                |
|         |                                       |                                      | more than one secured claim, list the creditor   | senarately | , Column A                             | Column B                                     | Column C       |
| for e   | ach claim. If more                    | than one creditor has                | a particular claim, list the other creditors in F  |            | Amount of claim                        | Value of collateral                          | Unsecured      |
|         | •                                     | ne claims in alphabeti ederal Credit | cal order according to the creditor's name.  |            | Do not deduct the value of collateral. | that supports this claim                     | portion If any |
| 2.1     | Union                                 |                                      | Describe the property that secures the c   |            | \$6,871.00                             | \$5,955.00                                   | \$916.00       |
|         | Creditor's Name                       |                                      | 2006 Harley-Davidson FXDLI Dy  | /na        |  |  |                |
|         |                                       |                                      | Low Rider 4,000 miles Co-owner with ex-spouse  |            |  |  |                |
|         | 7700 Chrode                           | ur Dal                               | As of the date you file, the claim is: Chec  | k all that |  |  |                |
|         | 7700 Shrade Richmond, N               |                                      | apply.   |            |  |  |                |
|         |                                       | y, State & Zip Code                  | ☐ Contingent☐ Unliquidated   |            |  |  |                |
|         | Number, Greet, Or                     | y, State & Zip Gode                  | ☐ Disputed   |            |  |  |                |
| Who     | owes the debt                         | ? Check one.                         | Nature of lien. Check all that apply.  |            |  |  |                |
|         | ebtor 1 only                          |                                      | ☐ An agreement you made (such as morte   | gage or se | cured                                  |  |                |
|         | ebtor 2 only                          |                                      | car loan)  |            |  |  |                |
|         | Debtor 1 and Debto                    | or 2 only                            | Statutory lien (such as tax lien, mechan   | ic's lien) |  |  |                |
| _       |                                       | debtors and another                  | ☐ Judgment lien from a lawsuit   |            |  |  |                |
|         | Check if this clain<br>community debt | n relates to a                       | Other (including a right to offset)  | ISI        |  |  |                |
|         |                                       | _                                    |  |            |  |  |                |
|         |                                       | Opened<br>08/13 Last                 |  |            |  |  |                |
|         |                                       | Active                               |  |            |  |  |                |
| Date    | debt was incurre                      |                                      | Last 4 digits of account number  | 1001       |  |  |                |
|         |                                       |                                      |  |            |  |  |                |
| 2.2     |                                       | Corporation                          | Describe the property that secures the c   | laim:      | \$2,309.00                             | \$250.00                                     | \$2,059.00     |
|         | Creditor's Name                       |                                      | Air purification system  |            |  |  |                |
|         |                                       |                                      |  |            |  |  |                |
|         | P.O. Box 93                           | 00                                   | As of the date you file, the claim is: Chec  | k all that |  |  |                |
|         | Boulder, CO                           |                                      | apply.  Contingent   |            |  |  |                |
|         | Number, Street, Cit                   | y, State & Zip Code                  | ☐ Unliquidated   |            |  |  |                |
|         |                                       | _                                    | ☐ Disputed   |            |  |  |                |
| Who     | owes the debt                         | ? Check one.                         | Nature of lien. Check all that apply.  |            |  |  |                |
|         | ebtor 1 only                          |                                      | An agreement you made (such as morte car loan)   | gage or se | cured                                  |  |                |
|         | ebtor 2 only                          |                                      | cai ioaii)   |            |  |  |                |

Official Form 106D

☐ Debtor 1 and Debtor 2 only

 $\hfill \square$  At least one of the debtors and another

 $\square$  Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

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| Debtor 1           | Melissa A                           | ngela Waller                              |  |                    | Case number (if know)          | 17-30528                    |           |
|--------------------|-------------------------------------|---|--|--------------------|--------------------------------|-----------------------------|-----------|
|                    | First Name                          | Middle Na                                 | ame Last Name  | _                  |                                |                             |           |
|                    | if this claim re                    | elates to a                               | ■ Other (including a right to offset)  | PMSI               |                                |                             |           |
| Date debt          | t was incurred                      | Opened<br>03/16 Last<br>Active<br>1/25/17 | Last 4 digits of account nun   | nber <u>0012</u>   |                                |                             |           |
| 2.3 <b>Ph</b>      | h Mortgage                          | Services                                  | Describe the property that secures   | the claim:         | \$270,000.00                   | \$285,300.00                | \$0.00    |
|                    | ditor's Name                        | <u> </u>                                  | 12409 Courtyard Ln. Henric<br>23233 Henrico County   |                    |                                | <u> </u>                    | Ψ0.00     |
|                    | Mortgage Wa                         |   | As of the date you file, the claim is apply.  Contingent   | : Check all that   |                                |                             |           |
| Num                | nber, Street, City, S               | State & Zip Code                          | ☐ Unliquidated ☐ Disputed  |                    |                                |                             |           |
| Who owe            | es the debt? C                      | heck one.                                 | Nature of lien. Check all that apply.  ☐ An agreement you made (such as  |                    | cured                          |                             |           |
| ☐ Debtor           | •                                   |   | car loan)  | 9-9                |                                |                             |           |
|                    | r 1 and Debtor 2                    | •   | ☐ Statutory lien (such as tax lien, mo   | echanic's lien)    |                                |                             |           |
| _                  |                                     | otors and another                         | ☐ Judgment lien from a lawsuit   | Dood of Tw         |                                |                             |           |
|                    | if this claim re<br>nunity debt     | elates to a                               | Other (including a right to offset)  | Deed of Tr         | ust                            |                             |           |
| Date debt          | t was incurred                      | Opened<br>12/13 Last<br>Active<br>8/22/16 | Last 4 digits of account nun   | nber <b>2099</b>   |                                |                             |           |
|                    |                                     |   |  |                    |                                |                             |           |
|                    |                                     | =   | olumn A on this page. Write that nur   |                    | \$279,180                      | .00                         |           |
|                    | at number her                       |   | the dollar value totals from all pages   | <b>5.</b>          | \$279,180                      | .00                         |           |
| Part 2:            | List Others t                       | o Be Notified fo                          | r a Debt That You Already Lister   | d                  |                                |                             |           |
| trying to than one | collect from yo<br>creditor for any | u for a debt you o                        | e notified about your bankruptcy for<br>we to someone else, list the creditor<br>you listed in Part 1, list the addition<br>is page. | in Part 1, and the | hen list the collection age    | ncy here. Similarly, if you | have more |
|                    | me, Number, St<br>amuel I. Whi      | treet, City, State & 2                    | Zip Code   | On whic            | ch line in Part 1 did you ente | er the creditor? 2.3        |           |
| 50<br>Տւ           | )40 Corpora<br>uite 120             | te Woods Dr.<br>h, VA 23462               |  | Last 4 d           | digits of account number       | -                           |           |
|                    | -                                   |   |  |                    |                                |                             |           |
| Sa<br>18           | amuel I. Whi<br>804 Staples         | ,   | Zip Code   |                    | ch line in Part 1 did you ente |                             |           |
|                    | uite 200<br>chmond, V               | A 23230                                   |  |                    |                                |                             |           |

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| ·  | 430 17 00020 KEI   | Document   | Page 13   | 3 of 42   | .or Desc Main   |
|--|--|--|---|---|---|
| Fill in this i   | information to identify your c   |  |   |   |   |
| Debtor 1   | Melissa Angela Wa  | aller  |   |   |   |
|  | First Name   | Middle Name  | Last Name   |   |   |
| Debtor 2<br>(Spouse if, filing   | g) First Name  | Middle Name  | Last Name   |   |   |
| United State   | es Bankruptcy Court for the:   | EASTERN DISTRICT OF VIRO   | SINIA   |   |   |
| Case numb  | er <u>17-30528</u>   |  |   |   | ☐ Check if this is an amended filing  |
| Schedu   |  | no Have Unsecured  |   |   | 12/15   |
| any executor<br>Schedule G:<br>Schedule D:<br>eft. Attach th<br>name and cas | y contracts or unexpired leases t<br>Executory Contracts and Unexpir<br>Creditors Who Have Claims Secu<br>le Continuation Page to this page<br>se number (if known). | hat could result in a claim. Also li<br>ed Leases (Official Form 106G). D<br>red by Property. If more space is r<br>. If you have no information to rep            | st executory c<br>o not include a<br>needed, copy t | ontracts on Schedule A/B: Prop<br>any creditors with partially secu<br>he Part you need, fill it out, num | IORITY claims. List the other party to<br>berty (Official Form 106A/B) and on<br>ired claims that are listed in<br>ber the entries in the boxes on the<br>of any additional pages, write your |
|  | ist All of Your PRIORITY Uns   |  |   |   |   |
| _ `  | creditors have priority unsecured  | claims against you?  |   |   |   |
|  | Go to Part 2.  |  |   |   |   |
| Part 2: L  | ist All of Your NONPRIORIT   |  |   |   |   |
| □ No. Y ■ Yes.  4. List all cunsecure  | of your nonpriority unsecured cla  | rt. Submit this form to the court with<br>ims in the alphabetical order of th<br>for each claim. For each claim listed<br>t the other creditors in Part 3.If you h | e creditor who<br>, identify what t                 | holds each claim. If a creditor haype of claim it is. Do not list claims                                  | already included in Part 1. If more   |
| Fail 2.  |  |  |   |   | Total claim   |
|  | rclays Bank Delaware   | Last 4 digits of acc   | ount number   | 4907  | \$3,359.00  |
| Ро   | Box 8803<br>Imington, DE 19899   | When was the debt  | incurred?   | Opened 04/11 Last Act 7/02/15   | ive   |
|  | nber Street City State Zlp Code o incurred the debt? Check one.  | As of the date you f   | ile, the claim i                                    | s: Check all that apply   |   |
| <b>=</b> 1   | Debtor 1 only  | ☐ Contingent   |   |   |   |
|  | Debtor 2 only  | ☐ Unliquidated   |   |   |   |
|  | Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |   |   |
|  | At least one of the debtors and another  | <u> </u>   | ITY unsecured                                       | l claim:  |   |
|  | Check if this claim is for a comm  |  |   |   |   |
| deb<br>Is th   | t<br>ne claim subject to offset?   | ☐ Obligations arisin report as priority clain  |   | ration agreement or divorce that ye   | ou did not  |
| <b>=</b> 1   | No   | ☐ Debts to pension   | or profit-sharing                                   | g plans, and other similar debts  |   |
|  | Yes  | Other. Specify   | Judgement   |   |   |

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Document Page 14 of 42 Debtor 1 Melissa Angela Waller Case number (if know) 17-30528 4.2 Bk Of Amer Last 4 digits of account number 1525 \$3,516.00 Nonpriority Creditor's Name Opened 03/14 Last Active Po Box 982238 When was the debt incurred? 1/24/17 El Paso, TX 79998 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card 4.3 Capital One Bank Usa N Last 4 digits of account number 3978 \$4.118.00 Nonpriority Creditor's Name Opened 05/14 Last Active 15000 Capital One Dr When was the debt incurred? 8/05/16 Richmond, VA 23238 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.4 \$4,021.00 Chase Card Last 4 digits of account number 5462 Nonpriority Creditor's Name Opened 02/14 Last Active Po Box 15298 When was the debt incurred? 7/02/15 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community

debt

■ No

☐ Yes

Is the claim subject to offset?

report as priority claims

■ Other. Specify Credit Card

☐ Obligations arising out of a separation agreement or divorce that you did not

lacksquare Debts to pension or profit-sharing plans, and other similar debts

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debt

■ No

☐ Yes

☐ Student loans

report as priority claims

■ Other. Specify Communications

 $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not

**Collection Attorney Comcast Cable** 

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Check if this claim is for a community

Is the claim subject to offset?

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| is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not in notified for any debts in Parts 1 or 2, do not fill out or submit this page.  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.1 of (Check one):  Part 1: Creditors with Priority Unsect of the composition of t | ny<br>or example, if a collection agency |
|--|--|
| San Diego, CA 92108   Number Street City State Zip Code   Who incurred the debt? Check one.  | ny<br>or example, if a collection agency |
| Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 taleast one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts No Debts to pension or profit-sharing plans, and other similar debts Factoring Company Account Synchrol Bank  Part 3: List Others to Be Notified About a Debt That You Already Listed  S. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2, then list the collection have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not Inotified for any debts in Parts 1 or 2, do not fill out or submit this page.  Name and Address Glasser & Glasser Sab E. Main St. Suite 600 Norfolk, VA 23510  Last 4 digits of account number  Name and Address Mitchell Rubenstein & Assoc 12 S. Summit Ave, Suite 250 Gaithersburg, MD 20877  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number   | ny<br>or example, if a collection agency |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts Factoring Company Account Synchrol Bank  Part 3: List Others to Be Notified About a Debt That You Already Listed  Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2, then list the collection have more than one creditor for any of the debts that you listed in Parts 1 or 2, then list the collection have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not inotified for any debts in Parts 1 or 2, do not fill out or submit this page.  Name and Address Glasser & Glasser Sab E. Main St. Suite 600 Norfolk, VA 23510  Name and Address Mitchell Rubenstein & Assoc 12 S. Summit Ave, Suite 250 Gaithersburg, MD 20877  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number  Name and Address On which entry in Part 1 or Part 2 did you list  | ny<br>or example, if a collection agency |
| Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Check if this claim is for a community debt Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts Factoring Company Account Synchroi Bank  Other. Specify  Factoring Company Account Synchroi Bank  Debts to pension or profit-sharing plans, and other similar debts Factoring Company Account Synchroi Bank  Debts to pension or profit-sharing plans, and other similar debts Factoring Company Account Synchroi Bank  Debts to pension or profit-sharing plans, and other similar debts  Factoring Company Account Synchroi Bank  Debts to pension or profit-sharing plans, and other similar debts  Factoring Company Account Synchroi Bank  Debts to pension or profit-sharing plans, and other similar debts  Factoring Company Account Synchroi Bank  Debts to pension or profit-sharing plans, and other similar debts  Factoring Company Account Synchroi Bank  Factoring Company Account Synchroi Bank  Debts to pension or profit-sharing plans, and other similar debts  Factoring Company Account Synchroi Bank  Factoring Company A | ny<br>or example, if a collection agency |
| □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ Other. Specify □ Other. Specif  | ny<br>or example, if a collection agency |
| Type of NONPRIORITY unsecured claim:    Check if this claim is for a community debt   Student loans   Obligations arising out of a separation agreement or divorce that you report as priority claims   Obligations arising out of a separation agreement or divorce that you report as priority claims   Obligations arising out of a separation agreement or divorce that you report as priority claims   Obligations arising out of a separation agreement or divorce that you report as priority claims   Obligations arising out of a separation agreement or divorce that you report as priority claims   Obligations arising out of a separation agreement or divorce that you report as priority claims   Obligations arising out of a separation agreement or divorce that you report as priority claims   Obligations arising out of a separation agreement or divorce that you report as priority claims   Obligations arising out of a separation agreement or divorce that you report as priority claims   Obligations arising out of a separation agreement or divorce that you report as priority claims   Obligations arising out of a separation agreement or divorce that you report as priority claims   Obligations arising out of a separation agreement or divorce that you report as priority claims   Obligations arising out of a separation agreement or divorce that you report as priority claims   Obligations arising out of a separation agreement or divorce that you feed that you feed that you feed the separation agreement or divorce that you feed | ny<br>or example, if a collection agency |
| Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim subject to offset?   Check if this claim subject to offset?   Comport as priority claims   Comport as priority claim    | ny<br>or example, if a collection agency |
| debt Is the claim subject to offset?    Obligations arising out of a separation agreement or divorce that you or report as priority claims   No  | ny<br>or example, if a collection agency |
| Is the claim subject to offset?    Debts to pension or profit-sharing plans, and other similar debts   | ny<br>or example, if a collection agency |
| Part 3: List Others to Be Notified About a Debt That You Already Listed  5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not in notified for any debts in Parts 1 or 2, do not fill out or submit this page.  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.1 of (Check one):  Part 2: Creditors with Nonpriority Unsect with Priority Unsect 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.8 of (Check one):  Part 2: Creditors with Priority Unsect 1 or Part 2 did you list the original creditor?  Line 4.8 of (Check one):  Part 2: Creditors with Nonpriority Unsect 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  | or example, if a collection agency       |
| Part 3: List Others to Be Notified About a Debt That You Already Listed  5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not lonotified for any debts in Parts 1 or 2, do not fill out or submit this page.  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Glasser & Glasser  580 E. Main St.  Suite 600  Norfolk, VA 23510  Last 4 digits of account number  Name and Address  Mitchell Rubenstein & Assoc  12 S. Summit Ave, Suite 250  Gaithersburg, MD 20877  Con which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  | or example, if a collection agency       |
| 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not line that you do not line that you do not line that you list the original creditor?  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.1 of (Check one):  Part 2: Creditors with Nonpriority Unsect line 4.8 of (Check one):  Part 2: Creditors with Priority Unsect line 4.8 of (Check one):  Part 2: Creditors with Priority Unsect line 4.8 of (Check one):  Part 2: Creditors with Nonpriority Unsect line 4.8 of (Check one):  Name and Address  Gaithersburg, MD 20877  Last 4 digits of account number  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  |  |
| is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not in notified for any debts in Parts 1 or 2, do not fill out or submit this page.  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.1 of (Check one):  Part 1: Creditors with Priority Unsect of the composition of t |  |
| Glasser & Glasser  580 E. Main St.  Suite 600 Norfolk, VA 23510  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.8 of (Check one):  Part 2: Creditors with Nonpriority Unsect  Part 2: Creditors with Priority Unsect  |  |
| Suite 600 Norfolk, VA 23510  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.8 of (Check one):  Part 2: Creditors with Nonpriority Unsect the original creditor?  Line 4.8 of (Check one):  Part 2: Creditors with Priority Unsect the original creditor?  Last 4 digits of account number  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.7 of (Check one):  Part 1: Creditors with Priority Unsect the original creditor?  Line 4.7 of (Check one):  Part 1: Creditors with Priority Unsect the original creditor?  Line 4.7 of (Check one):  |  |
| Name and Address  Mitchell Rubenstein & Assoc  12 S. Summit Ave, Suite 250  Gaithersburg, MD 20877  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.8 of (Check one):  Part 2: Creditors with Nonpriority Unsect  Part 2: Creditors with Priority Unsect  Part 2: Creditors with Priority Unsect  Part 2: Creditors with Nonpriority Unsect  Part 2: Creditors with Nonpriority Unsect  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.7 of (Check one):  Part 1: Creditors with Priority Unsect   |  |
| Name and Address  Mitchell Rubenstein & Assoc  12 S. Summit Ave, Suite 250  Gaithersburg, MD 20877  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.8 of (Check one):  Part 1: Creditors with Priority Unsect Part 2: Creditors with Nonpriority Unsect Part 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.7 of (Check one):  Part 1: Creditors with Priority Unsect Part 2: Creditors with Priority Unsect Part 3: Creditors with Priority Unsect Part 3: Creditors with Priority Unsect Part 4: Creditors with  | secured Claims                           |
| Name and Address  Mitchell Rubenstein & Assoc  12 S. Summit Ave, Suite 250  Gaithersburg, MD 20877  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.8 of (Check one):  Part 1: Creditors with Priority Unsect Part 2: Creditors with Nonpriority Unsect Part 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Stellar Recovery, Inc.  Days of (Check one):  Part 1: Creditors with Priority Unsect Part 2: Creditors with Priority Unsect Part 3: Creditors with Priority Unsect Part 4: Creditors with Priority Unsect Part 5: Creditors with Priority Unsect Part 5: Creditors with Priority Unsect Part 5: Creditors with Part 6: Check One):  Days of Check One  Days of Check One  Days of Check One  Days of Check One  Days  |  |
| Mitchell Rubenstein & Assoc  12 S. Summit Ave, Suite 250 Gaithersburg, MD 20877  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.8 of (Check one):  Part 1: Creditors with Priority Unsect Part 2: Creditors with Nonpriority Unsect Part 2 did you list the original creditor?  Line 4.7 of (Check one):  Part 1: Creditors with Priority Unsect Part 2: Creditors with Priority Unsect Part 2: Creditors with Priority Unsect Part 3: Creditors with Priority Unsect Part 4: Creditors with Priority Unsect Part 3: Creditors with Priority Unsect Part 4: Creditors with Priority Unsect Part 3: Creditors with Priority Unsect Part 4: Creditors with Par |  |
| 12 S. Summit Ave, Suite 250 Gaithersburg, MD 20877  Last 4 digits of account number  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?  Stellar Recovery, Inc.  Draft 2: Creditors with Nonpriority Unservious Creditors with Priority Unservious Check one):  |  |
| Caithersburg, MD 20877  Last 4 digits of account number  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Stellar Recovery, Inc.  Deart 1: Creditors with Priority Unsect   |  |
| Last 4 digits of account number  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Stellar Recovery, Inc.  □ Part 1: Creditors with Priority Unsect  | secured Claims                           |
| Stellar Recovery, Inc. Line <u>4.7</u> of ( <i>Check one</i> ):  |  |
| Stellar Recovery, Inc. Line <u>4.7</u> of ( <i>Check one</i> ):  |  |
|  | ured Claims                              |
| 1327 U.S. Highway 2 W, Su. 100   |  |
| Kalispell, MT 59901  Last 4 digits of account number   |  |
| Last 4 digits of account number  |  |
| Part 4: Add the Amounts for Each Type of Unsecured Claim   |  |
| 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § type of unsecured claim.   | 159. Add the amounts for each            |
| ~  |  |
| 6a. Domestic support obligations 6a. \$  | 0.00                                     |
| Total  |  |
| claims from Part 1 6b. Taxes and certain other debts you owe the government 6b. \$   | 0.00                                     |
| 6c. Claims for death or personal injury while you were intoxicated 6c. \$  | 0.00                                     |
| 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$   | 0.00                                     |
|  |  |
| 6e. <b>Total Priority.</b> Add lines 6a through 6d. 6e. \$   | 0.00                                     |
| Total Claim  | _  |
| 6f. Student loans 6f. \$   | 0.00                                     |
| Total claims   |  |
| from Part 2 6g. Obligations arising out of a separation agreement or divorce that  | 0.00                                     |
| you did not report as priority claims 6g. \$6h. Debts to pension or profit-sharing plans, and other similar debts 6h. \$   | 0.00                                     |
| Gi Other Add all other penning its unacquired eleigne. Write that amount   | <u> </u>                                 |

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Case number (if know) Debtor 1 Melissa Angela Waller 17-30528

Total Nonpriority. Add lines 6f through 6i.

6j. 17,933.00 Case 17-30528-KLP Doc 6 Filed 02/08/17 Entered 02/08/17 14:40:51 Desc Main

|                     |                           | 20041116           | 110 1 000 20 01 12 |  |
|---------------------|---------------------------|--------------------|--------------------|--|
| Fill in this info   | ormation to identify your | case:              |                    |  |
| Debtor 1            | Melissa Angela V          | /aller             |                    |  |
|                     | First Name                | Middle Name        | Last Name          |  |
| Debtor 2            |                           |                    |                    |  |
| (Spouse if, filing) | First Name                | Middle Name        | Last Name          |  |
| United States I     | Bankruptcy Court for the: | EASTERN DISTRICT C | OF VIRGINIA        |  |
| Case number         | 17-30528                  |                    |                    |  |
| (if known)          |                           |                    |                    |  |

### Official Form 106G

### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease<br>Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|--|---|
| 2.1 Gold's Gym<br>9101 Midlothian Turnpike #200<br>Richmond, VA 23235  | Gym membership                          |

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|   |  | Docume  | ent Page 19 of                                      | 42   |
|---|--|---|---|--|
| Fill in this                            | s information to identify your   | case:   |   |  |
| Debtor 1                                | Melissa Angela V   | /aller  |   |  |
|   | First Name   | Middle Name   | Last Name   |  |
| Debtor 2                                | ing) First Name  | Middle Nove   | Last Name   |  |
| (Spouse if, fil                         | ing) First Name  | Middle Name   | Last Name   |  |
| United Sta                              | ates Bankruptcy Court for the:   | EASTERN DISTRICT O  | F VIRGINIA  |  |
| Case num                                | nber 17-30528  |   |   | ☐ Check if this is an  |
|   |  |   |   | amended filing   |
|   | l Form 106H<br><b>Jule H: Your Cod</b>   | ebtors  |   | 12/15  |
| people are<br>ill it out, a<br>our name | e filing together, both are equend number the entries in the earn case number (if known) | ally responsible for supp<br>boxes on the left. Attach<br>. Answer every question | olying correct information the Additional Page to . | complete and accurate as possible. If two married n. If more space is needed, copy the Additional Page, this page. On the top of any Additional Pages, write           |
| 1. Do                                   | you have any codebtors? (If  | you are filing a joint case, o  | do not list either spouse a                         | s a codebtor.  |
| □ No                                    |  |   |   |  |
| ■ Ye                                    | S  |   |   |  |
|   | thin the last 8 years, have you<br>na, California, Idaho, Louisiana,                     |   |   | ? (Community property states and territories include gton, and Wisconsin.)   |
| `                                       | . Go to line 3.<br>s. Did your spouse, former spo  | use, or legal equivalent live   | e with you at the time?                             |  |
| in line<br>Form                         | e 2 again as a codebtor only i   | f that person is a guaran   | tor or cosigner. Make su                            | your spouse is filing with you. List the person shown are you have listed the creditor on Schedule D (Official G). Use Schedule D, Schedule E/F, or Schedule G to fill |
|   | Column 1: Your codebtor<br>Name, Number, Street, City, State and Z                       | P Code  |   | Column 2: The creditor to whom you owe the debt Check all schedules that apply:  |
| 3.1                                     | Michael Waller   |   |   | ■ Schedule D, line2.3  |
|   | ex-spouse  |   |   | ☐ Schedule E/F, line   |
|   | cx spouse  |   |   | ☐ Schedule G   |
|   |  |   |   | Phh Mortgage Services  |
| 3.2                                     | Michael Waller   |   |   | ■ Schedule D, line 2.1   |
| J. <u>L</u>                             |  |   |   | ■ Schedule D, line <u>2.1</u> ☐ Schedule E/F, line   |
|   |  |   |   | ☐ Schedule G   |
|   |  |   |   | Connects Federal Credit Union  |

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| Fill   | in this information to                         | o identify your ca               | ase:  |                          |             |                |        |            |               |              |                                  |          |
|--------|--|----------------------------------|---|--------------------------|-------------|----------------|--------|------------|---------------|--------------|----------------------------------|----------|
| Del    | otor 1   | Melissa Ang                      | ela Waller  |                          |             |                | _      |            |               |              |                                  |          |
|        | otor 2<br>ruse, if filing)                     |                                  |   |                          |             |                | -      |            |               |              |                                  |          |
| Uni    | ted States Bankrupt                            | tcy Court for the:               | EASTERN DISTRICT                                      | OF VIRGINIA              |             |                | _      |            |               |              |                                  |          |
| Cas    | se number 17-                                  | 30528                            |   |                          |             |                |        | Check      | c if this is: | :            |                                  |          |
| (If kr | nown)  |                                  |   | -                        |             |                |        | ☐ Ar       | n amende      | ed filing    |                                  |          |
|        |  |                                  |   |                          |             |                |        |            |               |              | ng postpetitior<br>ollowing date |          |
| 0      | fficial Form                                   | <u> 106l</u>                     |   |                          |             |                |        | M          | M / DD/ \     | YYYY         |                                  |          |
| S      | chedule I: `                                   | Your Inco                        | ome   |                          |             |                |        |            |               |              |                                  | 12/15    |
| atta   | ch a separate shee                             | et to this form. (<br>Employment | r spouse is not filing wi<br>On the top of any additi |                          |             |                |        |            |               |              |                                  |          |
|        | information.                                   | Jymon.                           |   | Debtor 1                 |             |                |        |            | Debtor 2      | 2 or non-fi  | iling spouse                     |          |
|        | If you have more t                             | •                                | Employment status                                     | Employed                 |             |                |        |            | ☐ Empl        | oyed         |                                  |          |
|        | attach a separate information about employers. |                                  | Employment status                                     | ☐ Not employed           |             |                |        | ☐ Not e    | mployed       |              |                                  |          |
|        |  |                                  | Occupation  | Agent                    |             |                |        |            |               |              |                                  |          |
|        | Include part-time, self-employed wor           |                                  | Employer's name                                       | Capital One              | е           |                |        |            |               |              |                                  |          |
|        | Occupation may in or homemaker, if i           |                                  | Employer's address                                    | 15000 Capi<br>Henrico, V |             | rive           | )      |            |               |              |                                  |          |
|        |  |                                  | How long employed to                                  | here? <u>5 1</u>         | /2 years    |                |        |            | _             |              |                                  |          |
| Par    | t 2: Give Det                                  | ails About Mon                   | thly Income   |                          |             |                |        |            |               |              |                                  |          |
|        | mate monthly inco                              |                                  | ate you file this form. If                            | you have nothin          | g to report | for a          | ıny li | ne, write  | \$0 in the    | space. Inc   | clude your no                    | n-filing |
|        | u or your non-filing s<br>e space, attach a se |                                  | re than one employer, co                              | ombine the infor         | mation for  | all er         | nplo   | yers for t | hat perso     | on on the li | nes below. If                    | you need |
|        |  |                                  |   |                          |             |                |        | For Deb    | tor 1         |              | btor 2 or<br>ing spouse          |          |
| 2.     |  |                                  | ry, and commissions (becalculate what the monthle     |                          | e.          | 2.             | \$_    | 3,0        | 093.00        | \$           | N/A                              | -        |
| 3.     | Estimate and list                              | monthly overti                   | me pay.   |                          |             | 3.             | +\$_   |            | 0.00          | +\$          | N/A                              | _        |
| 1      | Calculate gross I                              | ncome Add lin                    | 0 2 ± lino 3  |                          |             | <sub>4</sub> [ | \$     | 3 00       | 2 00          | \$           | NI/A                             |          |

| Debtor 1 |  | Melissa Angela Waller   | -          | С    | ase number ( <i>if knowr</i> | 1)       | 17-30528  |            |                 |                |
|----------|--|---|------------|------|------------------------------|----------|-----------|------------|-----------------|----------------|
|          |  |   |            |      | For Debtor 1                 |          |           | Debtor 2 o |                 |                |
|          | Сор  | y line 4 here   | 4.         |      | \$ 3,093.0                   | )        | \$        |            | N/A             |                |
| 5.       | List   | all payroll deductions:   |            |      |                              |          |           |            |                 |                |
|          | 5a.  | Tax, Medicare, and Social Security deductions   | 5a.        |      | \$ 466.0                     | _        | \$        |            | N/A             |                |
|          | 5b.  | Mandatory contributions for retirement plans  | 5b.        |      | \$0.0                        | _        | \$_       |            | N/A             |                |
|          | 5c.  | Voluntary contributions for retirement plans  | 5c.        |      | \$ 0.00                      | _        | \$_       |            | N/A             |                |
|          | 5d.  | Required repayments of retirement fund loans  | 5d.        |      | \$ 82.0                      | _        | \$_       |            | N/A             |                |
|          | 5e.  | Insurance   | 5e.        |      | \$ 213.0                     |          | \$_       |            | N/A             |                |
|          | 5f.  | Domestic support obligations  | 5f.        |      | \$ 0.0                       | _        | \$_       |            | N/A             |                |
|          | 5g.<br>5h.   | Union dues Other deductions, Specific Manufacture have  | 5g.<br>5h. |      | \$                           | _        | *<br>+ \$ |            | N/A             |                |
|          | on.  | Other deductions. Specify: Vacation buy   | — SII      |      | •                            | _        | + \$_<br> |            | N/A<br>N/A      |                |
|          |  | LTD<br>Fitness Center   | _          |      | \$6.0<br>\$15.0              | _        | э<br>\$   |            | N/A<br>N/A      |                |
|          |  | Supplemental life   | _          |      | \$ 29.00                     | _        | \$<br>_   |            | N/A             |                |
| 6        | ام ۸   | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | _          |      | \$ 865.0                     | _        | · · ·     |            |                 |                |
| 6.       |  |   | 6.<br>7.   |      |                              | _        | \$_       |            | N/A             |                |
| 7.       |  | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.         |      | 2,228.0                      | _        | \$        |            | N/A             |                |
| 8.       | Rist<br>8a.  | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 0.0        |      | Ф. О.О.                      |          | Ф         |            | NI/A            |                |
|          | Oh   | Interest and dividends  | 8a.        |      | \$                           | _        | \$_<br>\$ |            | N/A             |                |
|          | 8b.  |   | 8b.        |      | \$0.0                        | _        | Φ_        |            | N/A             |                |
|          | 8c.  | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c.        |      | \$ 800.0                     | 0        | \$        |            | N/A             |                |
|          | 8d.  | Unemployment compensation   | 8d.        |      | \$ 0.00                      | _        | \$_       |            | N/A             |                |
|          | 8e.  | Social Security   | 8e.        | . :  | \$ 0.0                       | _        | \$        |            | N/A             |                |
|          | 8f.  | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:          | 8f.        |      | \$ 0.00                      | <u> </u> | \$        |            | N/A             |                |
|          | 8g.  | Pension or retirement income  | – 8g.      |      | \$ 0.00                      | _        | \$_       |            | N/A             |                |
|          | 8h.  | Other monthly income. Specify:  | 8h.        |      | ·                            | _        | · —       |            | N/A             |                |
|          |  |   | _          |      |                              |          |           |            |                 | ٦              |
| 9.       | Add  | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.         | \$   | 800.0                        | )        | \$_       |            | N/A             |                |
| 10.      |  | •   | 10.        | \$   | 3,028.00 +                   | \$_      |           | N/A =      | \$              | 3,028.00       |
|          | Add  | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |            |      |                              |          |           |            |                 |                |
| 11.      | <ol> <li>State all other regular contributions to the expenses that you list in Schedule J.         Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.         Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.     </li> </ol> |   |            |      |                              |          |           |            | 0.00            |                |
| 12.      |  | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies   |            |      |                              |          |           | 12. \$     |                 | 3,028.00       |
| 13.      |  | you expect an increase or decrease within the year after you file this form   | ?          |      |                              |          |           |            | ombin<br>onthly | ed<br>/ income |
|          |  | No. Yes. Explain: Debtor is currently out of work on short term disc  |            |      |                              |          |           | ember 20   | 16.             | She            |
|          |  | plans to go back on 2/15/2017. Support payment  | s wil      | ll e | nd in August 2               | 01       | 7         |            |                 |                |

Official Form 106I Schedule I: Your Income page 2

|              |  |   |  | ·  |                          | 1               |  |   |
|--------------|--|---|--|--|--------------------------|-----------------|--|---|
| Fill         | in this informa                                | tion to identify yo                                   | our case:                              |  |                          |                 |  |   |
| Debt         | tor 1  | Melissa Ang   | ela Walle                              | er   |                          | Chec            | k if this is:                          |   |
| Dobi         | tor 2  |   |  |  |                          | _               | An amended filing                      | ving poetpotition chapter                     |
| Debt<br>(Spc | ouse, if filing)                               |   |  |  |                          |                 | A supplement snow<br>13 expenses as of | ving postpetition chapter the following date: |
| Unite        | ed States Bankı                                | uptcy Court for the                                   | : EASTE                                | RN DISTRICT OF VIRGIN  | IA                       | -               | MM / DD / YYYY                         |   |
|              |  |   |  |  |                          |                 |  |   |
|              | e number 17                                    | 7-30528   |  |  |                          |                 |  |   |
| Of           | ficial Fo                                      | rm 106J   |  |  |                          | •               |  |   |
| Sc           | chedule  | J: Your   | Exper                                  | ises   |                          |                 |  | 12/1  |
| Be a info    | as complete<br>ormation. If m<br>nber (if know | and accurate as<br>lore space is ne<br>n). Answer eve | s possible<br>eded, atta<br>ry questio | . If two married people ar<br>ich another sheet to this                    |                          |                 |  |   |
| Part         | Is this a joir                                 | ibe Your House<br>nt case?                            | enoid                                  |  |                          |                 |  |   |
|              | ■ No. Go to                                    | line 2.   | in a senar                             | ate household?   |                          |                 |  |   |
|              | □ res. Doe                                     |   | iii a sepai                            | ate nousenoiu:   |                          |                 |  |   |
|              | = -  | -   | st file Offic                          | al Form 106J-2, Expenses   | for Separate House       | ehold of Debt   | or 2.                                  |   |
| 2.           | Do you hay                                     | e dependents?   | □ No                                   |  |                          |                 |  |   |
| ۷.           | Do not list D Debtor 2.                        | •   | ■ Yes.                                 | Fill out this information for each dependent                               | Dependent's relati       |                 | Dependent's age                        | Does dependent live with you?                 |
|              |  |   |  | ·  |                          |                 |  | □ No  |
|              | Do not state dependents                        |   |  |  | Son                      |                 | 17                                     | ■ Yes   |
|              | •  |   |  |  |                          |                 |  | □ No  |
|              |  |   |  |  |                          |                 |  | ☐ Yes   |
|              |  |   |  |  |                          |                 |  | □ No  |
|              |  |   |  |  |                          |                 | <u> </u>                               | ☐ Yes   |
|              |  |   |  |  |                          |                 |  | □ No<br>□ Yes                                 |
| 3.           | Do your exp                                    | enses include   |  | No   |                          |                 |  | □ Yes   |
| -            | expenses o                                     | f people other t                                      | han $_{\square}$                       | Yes  |                          |                 |  |   |
|              | yourself an                                    | d your depende  | nts?                                   | 163  |                          |                 |  |   |
| Esti         | imate your ex                                  |   | our bankr                              | ly Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp |                          |                 |  |   |
| the          | ude expense<br>value of suc<br>icial Form 10   | h assistance an                                       | non-cash<br>d have ind                 | government assistance i  | f you know<br>our Income |                 | Your exp                               | enses   |
| ,5           |  | ,   |  |  |                          |                 |  |   |
| 4.           |  | or home owners and any rent for th                    |  | ses for your residence. I<br>or lot.                                       | nclude first mortgage    | e<br>4. \$      |  | 1,529.00                                      |
|              | If not include                                 | led in line 4:  |  |  |                          |                 |  |   |
|              | 4a. Real e                                     | estate taxes  |  |  |                          | 4a. \$          |  | 0.00  |
|              | 4b. Prope                                      | rty, homeowner's                                      | s, or renter                           | 's insurance   |                          | 4b. \$          |  | 0.00  |
|              |  |   |  | upkeep expenses  |                          | 4c. \$          |  | 0.00  |
| F            |  | owner's associa                                       |  |  | mo oquity loops          | 4d. \$<br>5. \$ |  | 0.00  |
| 5.           | Auditional i                                   | nortgage paym   | ents for yo                            | <b>our residence</b> , such as ho  | me equity loans          | 5. \$           |  | 0.00  |

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| Debtor        | r 1 Melissa                         | Angela Waller  | Case num       | ber (if known)            | 17-30528                      |
|---------------|-------------------------------------|--|----------------|---------------------------|-------------------------------|
| c 11          | 14:11:4:                            |  |                |                           |                               |
|               | <b>Itilities:</b><br>a. Electricity | , heat, natural gas  | 6a.            | \$                        | 200.00                        |
|               | •                                   | wer, garbage collection  | 6b.            | ·                         | 85.00                         |
| _             |                                     | e, cell phone, Internet, satellite, and cable services   | 6c.            | ·                         | 95.00                         |
| _             |                                     | ecify: Cell phones   | 6d.            | · -                       | 100.00                        |
| _             |                                     | ekeeping supplies  | 7.             | ·                         |                               |
|               |                                     | children's education costs   | 7.<br>8.       |                           | 300.00                        |
|               |                                     | ry, and dry cleaning   | o.<br>9.       | \$                        | 0.00                          |
|               | •                                   |  |                | ·                         | 25.00                         |
|               |                                     | products and services<br>ntal expenses   | 10.            | ·                         | 50.00                         |
|               |                                     | •  | 11.            | \$                        | 50.00                         |
|               | o not include c                     | Include gas, maintenance, bus or train fare.   | 12.            | \$                        | 80.00                         |
|               |                                     | clubs, recreation, newspapers, magazines, and books  | 13.            | ·                         | 50.00                         |
|               |                                     | ributions and religious donations  | 14.            |                           | 10.00                         |
|               | nsurance.                           | indutions and renglous deflations  | 17.            | Ψ                         | 10.00                         |
| -             |                                     | nsurance deducted from your pay or included in lines 4 or 20.  |                |                           |                               |
|               | 5a. Life insura                     |  | 15a.           | \$                        | 0.00                          |
| 1             | 5b. Health ins                      | urance   | 15b.           | \$                        | 0.00                          |
| 1             | 5c. Vehicle in                      | surance  | 15c.           | \$                        | 75.00                         |
|               | 5d. Other insu                      |  | 15d.           | ·                         | 0.00                          |
|               |                                     | include taxes deducted from your pay or included in lines 4 or 20.   |                | <u> </u>                  | 0.00                          |
|               | Specify:                            | ionado tanto acadenca incini year pay or iniciados in inico i er 20.   | 16.            | \$                        | 0.00                          |
| 7. <b>I</b> n | nstallment or I                     | ease payments:   |                |                           |                               |
|               |                                     | ents for Vehicle 1   | 17a.           | \$                        | 0.00                          |
| 1             | 7b. Car paym                        | ents for Vehicle 2   | 17b.           | \$                        | 0.00                          |
| 1             | 7c. Other. Sp                       | ecify:   | 17c.           | \$                        | 0.00                          |
| 1             | 7d. Other. Sp                       | ecify:   | 17d.           | \$                        | 0.00                          |
|               |                                     | of alimony, maintenance, and support that you did not report   | as             | -                         |                               |
| d             | leducted from                       | your pay on line 5, Schedule I, Your Income (Official Form 106I  | ) <b>.</b> 18. | \$                        | 0.00                          |
| 9. <b>O</b>   | Other payment                       | s you make to support others who do not live with you.   |                | \$                        | 0.00                          |
|               | Specify:                            |  | 19.            |                           |                               |
|               |                                     | erty expenses not included in lines 4 or 5 of this form or on Sc   |                |                           |                               |
|               |                                     | s on other property  | 20a.           | ·                         | 0.00                          |
| 20            | 0b. Real esta                       | te taxes   | 20b.           | · -                       | 0.00                          |
|               |                                     | homeowner's, or renter's insurance   | 20c.           |                           | 0.00                          |
| 20            | 0d. Maintenar                       | nce, repair, and upkeep expenses   | 20d.           | \$                        | 0.00                          |
| 20            | 0e. Homeown                         | er's association or condominium dues   | 20e.           | \$                        | 0.00                          |
| 21. <b>O</b>  | Other: Specify:                     |  | 21.            | +\$                       | 0.00                          |
| o             | Coloulata vaur                      | monthly expenses   |                |                           |                               |
|               | 2a. Add lines 4                     |  |                | \$                        | 2,649.00                      |
|               |                                     | 2 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   | 2              | \$                        | 2,649.00                      |
|               |                                     |  | <u> -</u>      | ·                         |                               |
| 2             | zc. Add line 22                     | a and 22b. The result is your monthly expenses.  |                | \$                        | 2,649.00                      |
| 23. <b>C</b>  | Calculate vour                      | monthly net income.  |                | L                         |                               |
|               | -                                   | 12 (your combined monthly income) from Schedule I.   | 23a.           | \$                        | 3,028.00                      |
|               |                                     | r monthly expenses from line 22c above.  | 23b.           |                           | 2,649.00                      |
|               |                                     | , , , , , , , , , , , , , , , , , , ,  |                |                           |                               |
| 2             | 3c. Subtract v                      | our monthly expenses from your monthly income.   |                |                           |                               |
|               |                                     | is your monthly net income.  | 23c.           | \$                        | 379.00                        |
|               |                                     | •  |                |                           |                               |
| F             | or example, do y                    | an increase or decrease in your expenses within the year after<br>ou expect to finish paying for your car loan within the year or do you expect yo | you file this  | form?<br>payment to incre | ease or decrease because of a |
|               | _                                   | terms of your mortgage?  |                |                           |                               |
|               | No.                                 |  |                |                           |                               |
| Г             | 7 Vas                               | Explain here:  |                | -                         |                               |

| ☐ Yes. | Explain here: |
|--------|---------------|
|        |               |

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| Fill in this infor   | imation to identity your   |   |   |  |   |
|--|--|---|---|--|---|
| Debtor 1   | Melissa Angela W   |   |   |  |   |
|  | First Name   | Middle Name   | Last Name   |  |   |
| Debtor 2 Spouse if, filing)  | First Name   | Middle Name   | Last Name   |  |   |
| opodoc II, IIIIIg)   | riiotivamo   |   |   |  |   |
| Jnited States B  | ankruptcy Court for the:   | EASTERN DISTRIC   | T OF VIRGINIA   |  |   |
| Case number  | 17-30528   |   |   |  |   |
| if known)  |  |   |   |  | ☐ Check if this is an   |
|  |  |   |   |  | amended filing  |
|  |  |   |   |  |   |
| Official For   | m 106Dec   |   |   |  |   |
|  |  | برامانينامير  | al Dabtaria C   | ah adulaa  |   |
| Jeciara  | tion About a   | ın inaiviau   | al Debtor's S   | cnedules   | 12/1  |
| ou must file th  | nis form whenever you fi   | le bankruptcy sched   |   | s. Making a false sta  | atement, concealing property, or<br>,000, or imprisonment for up to 20      |
| ou must file the   | nis form whenever you fi<br>ey or property by fraud it<br>18 U.S.C. §§ 152, 1341, 1  | le bankruptcy sched   | ules or amended schedule  | s. Making a false sta  |   |
| ou must file the   | nis form whenever you fi<br>ey or property by fraud in   | le bankruptcy sched   | ules or amended schedule  | s. Making a false sta  |   |
| ou must file the btaining mone ears, or both.  | nis form whenever you fi<br>ey or property by fraud in<br>18 U.S.C. §§ 152, 1341, 1<br>gn Below  | le bankruptcy sched<br>n connection with a k<br>519, and 3571.  | ules or amended schedule  | es. Making a false sta<br>t in fines up to \$250,                      | ,000, or imprisonment for up to 20  |
| ou must file the btaining mone ears, or both.  | nis form whenever you fi<br>ey or property by fraud in<br>18 U.S.C. §§ 152, 1341, 1<br>gn Below  | le bankruptcy sched<br>n connection with a k<br>519, and 3571.  | ules or amended schedule<br>pankruptcy case can resul   | es. Making a false sta<br>t in fines up to \$250,                      | ,000, or imprisonment for up to 20  |
| ou must file the btaining mone ears, or both. Sig  | nis form whenever you fi<br>ey or property by fraud in<br>18 U.S.C. §§ 152, 1341, 1<br>gn Below<br>ay or agree to pay some   | le bankruptcy sched<br>n connection with a k<br>519, and 3571.  | ules or amended schedule<br>pankruptcy case can resul   | es. Making a false sta<br>t in fines up to \$250,<br>bankruptcy forms? | ,000, or imprisonment for up to 20  |
| ou must file the btaining mone ears, or both. Sig  | nis form whenever you fi<br>ey or property by fraud in<br>18 U.S.C. §§ 152, 1341, 1<br>gn Below  | le bankruptcy sched<br>n connection with a k<br>519, and 3571.  | ules or amended schedule<br>pankruptcy case can resul   | es. Making a false state in fines up to \$250, bankruptcy forms?       | ,000, or imprisonment for up to 20  |
| ou must file the btaining mone ears, or both. Sig  | nis form whenever you fi<br>ey or property by fraud in<br>18 U.S.C. §§ 152, 1341, 1<br>gn Below<br>ay or agree to pay some   | le bankruptcy sched<br>n connection with a k<br>519, and 3571.  | ules or amended schedule<br>pankruptcy case can resul   | es. Making a false state in fines up to \$250, bankruptcy forms?       | ankruptcy Petition Preparer's Notice,                                       |
| ou must file the btaining mone ears, or both. A Signal Did you part of the beautiful No Yes.   | nis form whenever you filey or property by fraud in 18 U.S.C. §§ 152, 1341, 1 gn Below  ay or agree to pay some  Name of person  alty of perjury, I declare                      | le bankruptcy sched<br>n connection with a k<br>1519, and 3571. | ules or amended schedule<br>pankruptcy case can resul   | bankruptcy forms?  Attach Bancelaration                                | ankruptcy Petition Preparer's Notice, on, and Signature (Official Form 119) |
| ou must file the btaining mone ears, or both.  Sig  Did you pa  No  Yes.  Under penathat they are  | nis form whenever you filey or property by fraud in 18 U.S.C. §§ 152, 1341, 1 gn Below  ay or agree to pay some  Name of person  alty of perjury, I declare re true and correct. | le bankruptcy sched<br>n connection with a k<br>1519, and 3571. | ules or amended schedule<br>bankruptcy case can resul-<br>attorney to help you fill out                   | bankruptcy forms?  Attach Bancelaration                                | ankruptcy Petition Preparer's Notice, on, and Signature (Official Form 119) |
| ou must file the btaining mone ears, or both.  Sig  Did you pa  No  Yes.  Under penathat they an   | nis form whenever you filey or property by fraud in 18 U.S.C. §§ 152, 1341, 1 gn Below  ay or agree to pay some  Name of person  alty of perjury, I declare re true and correct. | le bankruptcy sched<br>n connection with a k<br>1519, and 3571. | ules or amended schedule cankruptcy case can result ttorney to help you fill out summary and schedules fi | bankruptcy forms?  Attach Bankruptcy declaration                       | ankruptcy Petition Preparer's Notice, on, and Signature (Official Form 119) |
| ou must file the btaining mone ears, or both. The sign of sign | nis form whenever you filey or property by fraud in 18 U.S.C. §§ 152, 1341, 1 gn Below  ay or agree to pay some  Name of person  alty of perjury, I declare re true and correct. | le bankruptcy sched<br>n connection with a k<br>1519, and 3571. | ules or amended schedule<br>bankruptcy case can resul-<br>attorney to help you fill out                   | bankruptcy forms?  Attach Bankruptcy declaration                       | ankruptcy Petition Preparer's Notice, on, and Signature (Official Form 119) |

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| Fill   | in this info                               | rmation to identify you                        | r case:  |                                    |   |                                     |
|--------|--|--|--|------------------------------------|---|-------------------------------------|
| Deb    | otor 1                                     | Melissa Angela                                 | Waller   |                                    |   |                                     |
|        |  | First Name                                     | Middle Name  | Last Name                          |   |                                     |
|        | otor 2<br>use if, filing)                  | First Name                                     | Middle Name  | Last Name                          |   |                                     |
| Unit   | ted States B                               | ankruptcy Court for the:                       | EASTERN DISTRICT OF  | VIRGINIA                           |   |                                     |
| Cas    | e number                                   | 17 20520                                       |  |                                    |   |                                     |
| (if kn |  | 17-30528                                       |  |                                    | -   | heck if this is an<br>mended filing |
|        |  |  |  |                                    |   |                                     |
| Off    | ficial Fo                                  | orm 107  |  |                                    |   |                                     |
|        |  |  | Affairs for Individ  | duals Filing for B                 | ankruptcv   | 4/16                                |
| infor  | mation. If ber (if know                    | more space is needed,<br>vn). Answer every que | attach a separate sheet to   | this form. On the top of any       | equally responsible for sup<br>y additional pages, write you    |                                     |
| 1.     | What is yo                                 | ur current marital statu                       | s?   |                                    |   |                                     |
|        | <ul><li>☐ Marrie</li><li>■ Not m</li></ul> |  |  |                                    |   |                                     |
| 2.     | During the                                 | last 3 years, have you                         | lived anywhere other than  | where you live now?                |   |                                     |
|        | _  |  | •  | •                                  |   |                                     |
|        | ■ No<br>□ Yes. L                           | ist all of the places you l                    | ived in the last 3 years. Do no  | ot include where you live now      | <i>i</i> .  |                                     |
|        | Debtor 1 I                                 | Prior Address:                                 | Dates Debtor 1 lived there   | Debtor 2 Prior Ad                  | dress:  | Dates Debtor 2<br>lived there       |
|        |  |  |  |                                    | ity property state or territory<br>ico, Texas, Washington and W |                                     |
|        | ■ No                                       |  |  |                                    |   |                                     |
|        | ☐ Yes. N                                   | Make sure you fill out Sch                     | nedule H: Your Codebtors (O  | fficial Form 106H).                |   |                                     |
| Par    | t 2 Expl                                   | ain the Sources of You                         | r Income   |                                    |   |                                     |
|        | Fill in the to                             | tal amount of income yo                        | nployment or from operatin<br>u received from all jobs and a<br>have income that you receive | all businesses, including part-    |   | ndar years?                         |
|        | □ No                                       |  |  |                                    |   |                                     |
|        | Yes. F                                     | ill in the details.                            |  |                                    |   |                                     |
|        |  |  | Debtor 1   |                                    | Debtor 2  |                                     |
|        |  |  | Sources of income  | Gross income                       | Sources of income   | Gross income                        |
|        |  |  | Check all that apply.  | (before deductions and exclusions) | Check all that apply.   | (before deductions and exclusions)  |
|        |  | 1 of current year until led for bankruptcy:    | ■ Wages, commissions, bonuses, tips  | \$3,577.00                         | ☐ Wages, commissions, bonuses, tips                             |                                     |
|        |  |  | ☐ Operating a business   |                                    | ☐ Operating a business  |                                     |

Official Form 107

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Case number (if known) 17-30528 Document

Debtor 1 Melissa Angela Waller

|            |  |  |  | Debtor 1   |  |   | Debtor 2  |                           |   |
|------------|--|--|--|--|--|---|---|---------------------------|---|
|            |  |  |  | Sources of inco<br>Check all that ap                                 |  | <b>Gross income</b> (before deductions and exclusions)  | Sources of inco   |                           | Gross income<br>(before deductions<br>and exclusions) |
|            | r last calen<br>nuary 1 to                       | dar year:<br>December                        | 31, 2016)  | ■ Wages, commissions, bonuses, tips                                  |  | \$43,541.00   | ☐ Wages, combonuses, tips   | missions,                 |   |
|            |  |  |  | ☐ Operating a b  | usiness  |   | ☐ Operating a b   | ousiness                  |   |
|            |  | dar year be<br>December                      |  | ■ Wages, comm<br>bonuses, tips                                       | nissions,                                      | \$40,949.00   | ☐ Wages, components with the wages in the wages with the wages in the | missions,                 |   |
|            |  |  |  | Operating a b  | usiness  |   | ☐ Operating a b   | ousiness                  |   |
| 5.         | Include include and other winnings.  List each s | come regard<br>public bene<br>If you are fil | dless of wheth<br>fit payments;<br>ing a joint cas<br>the gross inco | ner that income is ta<br>pensions; rental inc<br>se and you have inc | exable. Exam<br>come; interes<br>come that you | revious calendar years<br>ples of other income are<br>t; dividends; money colle<br>received together, list it<br>y. Do not include income | alimony; child suppo<br>ected from lawsuits; i<br>only once under De  | royalties; and<br>btor 1. |   |
|            |  |  |  | Debtor 1   |  |   | Debtor 2  |                           |   |
|            |  |  |  | Sources of incor<br>Describe below.                                  |  | Gross income from each source (before deductions and exclusions)  | Sources of inco<br>Describe below.  |                           | Gross income<br>(before deductions<br>and exclusions) |
|            |  | y 1 of curre<br>filed for ba                 | nt year until<br>nkruptcy:   | Child Support  |  | \$800.00  |   |                           |   |
|            | r last calen<br>nuary 1 to                       | dar year:<br>December                        | 31, 2016)  | Child Support  |  | \$9,600.00  |   |                           |   |
| For<br>(Ja | the calen<br>nuary 1 to                          | dar year be<br>December                      | fore that:<br>31, 2015)  | Child Support  |  | \$9,600.00  |   |                           |   |
| Par        | rt 3: List                                       | t Certain Pa                                 | avments You  | Made Before You  | Filed for Ba                                   | nkruptcy  |   |                           |   |
| 6.         |  | Debtor 1's                                   | s or Debtor 2<br>ebtor 1 nor [                                       | 's debts primarily   | consumer d                                     | ebts?<br>er debts. Consumer deb   | ots are defined in 11   | U.S.C. § 10               | 1(8) as "incurred by an                               |
|            |  | During the                                   | 90 days befo   | ore you filed for ban  | kruptcy, did y                                 | ou pay any creditor a tot   | al of \$6,425* or mor   | e?                        |   |
|            |  | □ No.  | Go to line 7   | 7.   |  |   |   |                           |   |
|            |  | ☐ Yes  | paid that cr<br>not include  | editor. Do not inclupayments to an att                               | de payments<br>orney for this                  | . ,   | igations, such as chi   | ild support a             | nd alimony. Also, do                                  |
|            |  | Subject                                      | to adjustmen   | t on 4/01/19 and ev  | ery 3 years a                                  | fter that for cases filed o   | n or after the date of  | adjustment                |   |
|            | Yes.   |  |  | or both have prima<br>ore you filed for ban                          | -  | er debts.<br>ou pay any creditor a tot  | al of \$600 or more?  |                           |   |
|            |  | □ <sub>No.</sub>                             | Go to line 7   | ,  |  |   |   |                           |   |
|            |  | ■ Yes  | List below e include pay   | each creditor to who   | support obli                                   | a total of \$600 or more ar<br>gations, such as child su  |   |                           |   |
|            | Creditor   | 's Name an                                   | d Address  | Dates  | of payment                                     | Total amount paid   | Amount you still owe  | Was this p                | payment for   |

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Case number (if known) 17-30528 Document Debtor 1 Melissa Angela Waller **Creditor's Name and Address Dates of payment Total amount** Amount you Was this payment for ... paid still owe **Connects Federal Cu** \$6,871.00 11/2/2016-2/2/2017 \$834.00 ☐ Mortgage 7700 Shrader Rd ☐ Car Richmond, VA 23228 ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ■ Other Motorcycle Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

|    | Within 1 year before you filed for bankrupt  |                              | 4301 E. Parhan<br>Henrico, VA 23  | 273                  |                                   |                     |
|----|--|------------------------------|---|----------------------|-----------------------------------|---------------------|
|    | Barclays Bank Delaware v. Waller,<br>Melissa<br>GV16016374   | Civil                        | Henrico Gener<br>Court<br>P.O Box 90775                                     | al District          | ☐ Pending ☐ On appeal ☐ Concluded |                     |
|    | Midland Funding v. Waller, Melissa<br>GV16025365-00  | Civil                        | Henrico Gener<br>Court<br>P.O Box 90775<br>4301 E. Parhan<br>Henrico, VA 23 | n Road               | ■ Pending □ On appeal □ Concluded |                     |
|    | Case title Case number   | Nature of the case           | Court or agency   |                      | Status of the                     | case                |
|    | <ul><li>□ No</li><li>■ Yes. Fill in the details.</li></ul>   |                              |   |                      |                                   |                     |
| 9. | Within 1 year before you filed for bankrupt<br>List all such matters, including personal injury<br>modifications, and contract disputes. | tcy, were you a party in an  |   |                      |                                   |                     |
| Pa | rt 4: Identify Legal Actions, Repossessio  | ns. and Foreclosures         | paiu  | Still Owe            | molade credito                    | oi 3 name           |
|    | Yes. List all payments to an insider Insider's Name and Address  | Dates of payment             | Total amount  | Amount you still owe | Reason for th                     |                     |
|    | No   |                              |   |                      |                                   |                     |
| 8. | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cost  |                              | nents or transfer a   | any property on a    | account of a deb                  | t that benefited an |
|    | Insider's Name and Address   | Dates of payment             | Total amount paid   | Amount you still owe | Reason for th                     | is payment          |
|    | <ul><li>No</li><li>Yes. List all payments to an insider.</li></ul>   |                              |   |                      |                                   |                     |
|    | a business you operate as a sole proprietor. alimony.  No  | 11 U.S.C. § 101. Include pay | ments for domestic  | support obligation   | ns, such as child s               | support and         |

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Debtor 1 Melissa Angela Waller

|     | accounts or refuse to make a payment b  ■ No □ Yes. Fill in the details.   | ecause    | you owed a debt?  |                                   |                           |
|-----|--|-----------|---|-----------------------------------|---------------------------|
|     | Creditor Name and Address  | Des       | scribe the action the creditor took   | Date action was taken             | Amount                    |
| 12. | Within 1 year before you filed for bankru court-appointed receiver, a custodian, o   |           | as any of your property in the possession of are rofficial?   | n assignee for the bene           | efit of creditors, a      |
|     | ■ No<br>□ Yes  |           |   |                                   |                           |
| Par | t 5: List Certain Gifts and Contribution   | าร        |   |                                   |                           |
| 13. | Within 2 years before you filed for bankr ■ No □ Yes. Fill in the details for each gift.                                       | ruptcy, d | lid you give any gifts with a total value of more   | than \$600 per person             | ?                         |
|     | Gifts with a total value of more than \$60 per person  | 00        | Describe the gifts  | Dates you gave the gifts          | Value                     |
|     | Person to Whom You Gave the Gift and Address:  | I         |   |                                   |                           |
| 14. | Within 2 years before you filed for banks ■ No □ Yes. Fill in the details for each gift or or                                  | • • •     | lid you give any gifts or contributions with a to   | tal value of more than            | \$600 to any charity?     |
|     | Gifts or contributions to charities that more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Cod |           | Describe what you contributed   | Dates you contributed             | Value                     |
| Par | t 6: List Certain Losses   |           |   |                                   |                           |
| 15. | Within 1 year before you filed for bankru or gambling?   | ıptcy or  | since you filed for bankruptcy, did you lose an   | ything because of the             | t, fire, other disaster   |
|     | ■ No □ Yes. Fill in the details.   |           |   |                                   |                           |
|     | Describe the property you lost and how the loss occurred   | Include   | be any insurance coverage for the loss the amount that insurance has paid. List pending ce claims on line 33 of Schedule A/B: Property. | Date of your loss                 | Value of property<br>lost |
| Par | t 7: List Certain Payments or Transfer   | s         |   |                                   |                           |
| 16. | consulted about seeking bankruptcy or  | preparir  | d you or anyone else acting on your behalf paying a bankruptcy petition? s, or credit counseling agencies for services require          |                                   | rty to anyone you         |
|     | <ul><li>□ No</li><li>■ Yes. Fill in the details.</li></ul>   |           |   |                                   |                           |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not                              | You       | Description and value of any property transferred   | Date payment or transfer was made | Amount of payment         |
|     | Abacus Credit Counseling<br>17337 Ventura Boulevard<br>Suite 226<br>Encino, CA 91316   |           | \$25 online credit counseling   | 2/2/2017                          | \$25.00                   |

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Debtor 1 Melissa Angela Waller

|  | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You  | Description and transferred       | value of any prope                                     | Date payment or transfer was made | Amount of payment                                       |   |  |
|--|--|-----------------------------------|--|-----------------------------------|---|---|--|
|  | Kane & Papa, P.C.<br>P.O. Box 508<br>Richmond, VA 23218-0508   | \$375 court filin                 | g fee, credit rep                                      | ort, COS                          | 2/2/2017  | \$375.00                                      |  |
| 17.  | Within 1 year before you filed for bankruptc<br>promised to help you deal with your credito<br>Do not include any payment or transfer that you   | rs or to make payment             |  |                                   | or transfer any propo                                   | erty to anyone who                            |  |
| ■ No □ Yes. Fill in the details.   |  |                                   |  |                                   |   |   |  |
|  | Person Who Was Paid<br>Address   | Description and transferred       | value of any prope                                     | erty                              | Date payment or transfer was made                       | Amount of payment                             |  |
| <ul> <li>18. Within 2 years before you filed for bankruptcy, did you sell, trade, or othe transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the grainclude gifts and transfers that you have already listed on this statement.</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul> |  |                                   | airs?<br>the granting of a se                          |                                   |   |   |  |
|  | Person Who Received Transfer<br>Address  | Description and property transfer |  |                                   | any property or<br>received or debts<br>change          | Date transfer was made                        |  |
| Person's relationship to you  19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you beneficiary? (These are often called asset-protection devices.)  ■ No □ Yes. Fill in the details.  |  |                                   |  |                                   | of which you are a                                      |   |  |
|  | Name of trust  | Description and                   | Description and value of the property transferred      |                                   |   |   |  |
| Par  | t 8: List of Certain Financial Accounts, Ins   | struments, Safe Deposi            | t Boxes, and Stor                                      | age Units                         |   |   |  |
| 20.  | <ul> <li>Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?</li> <li>Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul> |                                   |  |                                   |   |   |  |
|  | Name of Financial Institution and<br>Address (Number, Street, City, State and ZIP<br>Code)   | Last 4 digits of account number   | Type of account instrument                             | clo                               | ate account was<br>osed, sold,<br>oved, or<br>ansferred | Last balance<br>before closing or<br>transfer |  |
|  | Capital One<br>P.O. Box 70884<br>Charlotte, NC 28272   | XXXX-                             | ■ Checking □ Savings □ Money Marke □ Brokerage □ Other |                                   | osed 1/2017   | \$0.00  |  |

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Debtor 1 Melissa Angela Waller

| 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securit cash, or other valuables? |   |   |                                       |                       |  |  |  |  |
|--|---|---|---------------------------------------|-----------------------|--|--|--|--|
|  | No  |   |                                       |                       |  |  |  |  |
|  | Yes. Fill in the details.   |   |                                       |                       |  |  |  |  |
|  | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)   | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents                 | Do you still have it? |  |  |  |  |
| 22.  | Have you stored property in a storage unit or plant   | ace other than your home within 1 y   | vear before you filed for bankruptcy? | ,                     |  |  |  |  |
|  | ■ No  |   |                                       |                       |  |  |  |  |
|  | ☐ Yes. Fill in the details.   |   |                                       |                       |  |  |  |  |
|  | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)   |   |                                       |                       |  |  |  |  |
| Par  | t 9: Identify Property You Hold or Control for  | Someone Else  |                                       |                       |  |  |  |  |
| 23.  | Do you hold or control any property that someo for someone.   | ne else owns? Include any property  | you borrowed from, are storing for    | , or hold in trust    |  |  |  |  |
|  | ■ No  |   |                                       |                       |  |  |  |  |
|  | Yes. Fill in the details.   |   |                                       |                       |  |  |  |  |
|  | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)       | Describe the property                 | Value                 |  |  |  |  |
| Par  | t 10: Give Details About Environmental Informa  | ation   |                                       |                       |  |  |  |  |
| For  | the purpose of Part 10, the following definitions   | apply:  |                                       |                       |  |  |  |  |
|  | Environmental law means any federal, state, or toxic substances, wastes, or material into the air regulations controlling the cleanup of these substances.  | ir, land, soil, surface water, groundv  | <u> </u>                              |                       |  |  |  |  |
|  | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or use to own, operate, or utilize it, including disposal sites. |   |                                       |                       |  |  |  |  |
|  | Hazardous material means anything an environment hazardous material, pollutant, contaminant, or s   |   | waste, hazardous substance, toxic s   | ubstance,             |  |  |  |  |
| Rep  | ort all notices, releases, and proceedings that yo  | ou know about, regardless of when   | they occurred.                        |                       |  |  |  |  |
| 24.  | Has any governmental unit notified you that you   | ı may be liable or potentially liable ι                                       | under or in violation of an environme | ental law?            |  |  |  |  |
|  | ■ No □ Yes. Fill in the details.  |   |                                       |                       |  |  |  |  |
|  | Name of site Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)    | Environmental law, if you know it     | Date of notice        |  |  |  |  |
| 25.  | Have you notified any governmental unit of any  | release of hazardous material?  |                                       |                       |  |  |  |  |
|  | ■ No  |   |                                       |                       |  |  |  |  |
|  | Yes. Fill in the details.   |   |                                       |                       |  |  |  |  |
|  | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit Address (Number, Street, City, State and                    | Environmental law, if you know it     | Date of notice        |  |  |  |  |
|  |   | ZIP Code)   |                                       |                       |  |  |  |  |

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. **Case Title** Court or agency Nature of the case Status of the Case Number Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper **Dates business existed** 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Melissa Angela Waller Melissa Angela Waller Signature of Debtor 2 Signature of Debtor 1 Date February 8, 2017 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Melissa Angela Waller

Debtor 1

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# Document Page 32 of 42 United States Bankruptcy Court

**Eastern District of Virginia** 

| In re | e Melissa Angela Waller  | Case No.                 | 17-30528                           |
|-------|--|--------------------------|------------------------------------|
|       | Debtor(s)  | Chapter                  | 13                                 |
|       | DISCLOSURE OF COMPENSATION OF ATT  |                          | <u>EBTOR</u>                       |
|       | (for use in the Richmond Division  |                          |                                    |
|       | Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I at compensation paid to me, for services rendered or to be rendered on behalf of the bankruptcy case is as follows: |                          |                                    |
|       | For legal services, I have agreed to accept  | \$                       | 5,100.00                           |
|       | Prior to the filing of this statement I have received  |                          | 0.00                               |
|       | Balance Due  | \$                       | 5,100.00                           |
| 2.    | The source of the compensation paid to me was:   |                          |                                    |
|       | $\blacksquare  \text{Debtor}   \Box  \text{Other} \left( specify \right)$  |                          |                                    |
| 3.    | The source of compensation to be paid to me is:  |                          |                                    |
|       | $\blacksquare  \text{Debtor}   \Box  \text{Other } (specify)$  |                          |                                    |
| 4.    | ■ I have not agreed to share the above-disclosed compensation with any other person  | n unless they are memb   | ers and associates of my law firm. |
|       | ☐ I have agreed to share the above-disclosed compensation with a person or persons copy of the agreement, together with a list of the names of the people sharing in the                         |                          |                                    |
| 5.    | In return for the above-disclosed fee, I have agreed to render legal service for all aspect Bankruptcy Rule $2016-1(C)(3)$ .   | cts of the bankruptcy ca | ase, as required by Local          |
| 6.    | I am electing to request compensation and reimbursement of expenses in this case:  |                          |                                    |

- a. In accordance with the "no-look" fee set forth in Local Bankruptcy Rule 2016-1(C)(1)(a) and (C)(3)(a).
- b.  $\square$  By submitting applications for compensation in the manner set forth in Local Bankruptcy Rule 2016-1(C)(1)(c)(ii).

An attorney for the debtor that fails to make the election to request compensation pursuant to Local Bankruptcy Rule 2016-1(C)(1)(a) and (C)(3)(a) at the commencement of the case will be deemed to have elected to request compensation in the manner set forth within Local Bankruptcy Rule 2016-1(C)(1)(c)(ii).

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CERTIFICATION

| I certify that the foregoing is an accurate statement of any | agreement or arrangement for | payment to me for representatio | n of the debtor(s) ir |
|--|------------------------------|---------------------------------|-----------------------|
| this bankruptcy proceeding.                                  |                              |                                 |                       |

| February | 8, 2017 |  |
|----------|---------|--|
| Date     |         |  |

/s/ James E. Kane, Esquire James E. Kane, Esquire 30081 Signature of Attorney

Kane & Papa, P.C.

Name of Law Firm
P.O. Box 508
Richmond, VA 23218-0508
804-225-9500 Fax: 804-225-9598

# NOTICE TO DEBTOR(S), STANDING CHAPTER 13 TRUSTEE AND UNITED STATES TRUSTEE PURSUANT TO LOCAL BANKRUPTCY RULE 2016-1(C) AND CLERK'S CM/ECF POLICY 9

Notice is hereby given that pursuant to Local Bankruptcy Rule 2016-1(C), you must file an objection with the court to the fees requested in this disclosure of compensation opposing said fees in their entirety, or in a specific amount, no later than the last day for filing objections to confirmation of the chapter 13 plan.

#### PROOF OF SERVICE

The undersigned hereby certifies that on this date the foregoing Notice was served upon the debtor(s), the standing Chapter 13 trustee, and U. S. trustee pursuant to Local Bankruptcy Rule 2016-1(C) and the Clerk's CM/ECF Policy 9, either electronically or in paper form (first class mail).

| February | 8, 2017 |  |
|----------|---------|--|
| Date     |         |  |

/s/ James E. Kane, Esquire James E. Kane, Esquire 30081 Signature of Attorney Case 17-30528-KLP Doc 6 Filed 02/08/17 Entered 02/08/17 14:40:51 Desc Main Document Page 34 of 42

| Fill in this inform             | Fill in this information to identify your case:        |  |  |  |  |  |
|---------------------------------|--|--|--|--|--|--|
| Debtor 1                        | Melissa Angela Waller                                  |  |  |  |  |  |
| Debtor 2<br>(Spouse, if filing) |  |  |  |  |  |  |
| United States B                 | Sankruptcy Court for the: Eastern District of Virginia |  |  |  |  |  |
| Case number (if known)          | 17-30528   |  |  |  |  |  |

| Check   | Check as directed in lines 17 and 21:                                |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| According to the calculations required by this Statement: |  |  |  |  |  |  |  |
|   | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). |  |  |  |  |  |  |
|   | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).     |  |  |  |  |  |  |
|   | 3. The commitment period is 3 years.                                 |  |  |  |  |  |  |
|   | 4. The commitment period is 5 years.                                 |  |  |  |  |  |  |

 $\square$  Check if this is an amended filing

### Official Form 122C-1

# **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

| ŀ | art       | 1: Calculate Your Average Monthly Income  |  |                               |                       |                          |                   |                          |  |                                 |
|---|-----------|---|--|-------------------------------|-----------------------|--------------------------|-------------------|--------------------------|--|---------------------------------|
|   | 1.        | What is your marital and filing status? Check one of  | only.  |                               |                       |                          |                   |                          |  |                                 |
|   |           | ■ Not married. Fill out Column A, lines 2-11.   |  |                               |                       |                          |                   |                          |  |                                 |
|   |           | ☐ Married. Fill out both Columns A and B, lines 2-11  |  |                               |                       |                          |                   |                          |  |                                 |
|   | 10<br>the | I in the average monthly income that you received from a 1(10A). For example, if you are filing on September 15, the 6-6 6 months, add the income for all 6 months and divide the tot ouses own the same rental property, put the income from that                  | month poal by 6. F   | eriod would<br>Fill in the re | d be Mar<br>sult. Do  | ch 1 throu<br>not includ | gh Aug<br>e any i | gust 31. If the amount m | ount of your monthly incom<br>ore than once. For examp | ne varied during<br>le, if both |
|   |           |   |  |                               |                       |                          | Colur<br>Debto    |                          | Column B Debtor 2 or non-filing spouse                 |                                 |
|   | 2.        | Your gross wages, salary, tips, bonuses, overtime payroll deductions).  | e, and c   | ommissi                       | ons (be               | fore all                 | \$                | 3,093.00                 | \$   |                                 |
|   | 3.        | <b>Alimony and maintenance payments.</b> Do not includ Column B is filled in.   | e paym   | ents from                     | a spou                | se if                    | \$                | 800.00                   | \$   |                                 |
|   | 4.        | All amounts from any source which are regularly polyou or your dependents, including child support from an unmarried partner, members of your househo and roommates. Include regular contributions from a stilled in. Do not include payments you listed on line 3. | rt. Included in the second sec | de regula<br>depende          | r contrik<br>nts, pai | outions<br>rents,        | \$                | 0.00                     | \$   |                                 |
|   | 5.        | Net income from operating a business, profession, or farm   | Debto  | r 1                           |                       |                          |                   |                          |  |                                 |
|   |           | Gross receipts (before all deductions)  | \$_  | 0.00                          |                       |                          |                   |                          |  |                                 |
|   |           | Ordinary and necessary operating expenses   | <b>-</b> \$ _  | 0.00                          |                       |                          |                   |                          |  |                                 |
|   |           | Net monthly income from a business, profession, or fa   | arm \$   | 0.00                          | Сору                  | here -> 3                | \$                | 0.00                     | \$   |                                 |
|   | 6.        | Net income from rental and other real property  | Debto  |                               |                       |                          |                   |                          |  |                                 |
|   |           | Gross receipts (before all deductions)  | \$_  | 0.00                          |                       |                          |                   |                          |  |                                 |
|   |           | Ordinary and necessary operating expenses   | <b>-</b> \$ _  | 0.00                          |                       |                          |                   |                          |  |                                 |
| 1 |           | Not monthly income from rental or other real property   | \$   | 0.00                          | Copy                  | here -> \$               | \$                | 0.00                     | \$   |                                 |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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Column A Column B Debtor 2 or Debtor 1 non-filing spouse 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you\_\_\_\_\_ For your spouse Pension or retirement income. Do not include any amount received that was a 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 Total amounts from separate pages, if any. \$ 0.00 11. Calculate your total average monthly income. Add lines 2 through 10 for 3.893.00 3,893.00 each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 3,893.00 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. ☐ You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. 0.00 0.00 Copy here=> 3,893.00 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 3,893.00 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). **x** 12 46,716.00 15b. The result is your current monthly income for the year for this part of the form.

Melissa Angela Waller

Debtor 1

Case 17-30528-KLP Doc 6 Filed 02/08/17 Entered 02/08/17 14:40:51 Desc Main Page 36 of 42 Document Debtor 1 Melissa Angela Waller Case number (if known) 17-30528 16. Calculate the median family income that applies to you. Follow these steps: 16a. Fill in the state in which you live. VA 16b. Fill in the number of people in your household. 2 70.976.00 16c. Fill in the median family income for your state and size of household. \$ To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 17b. 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) Part 3: 18. Copy your total average monthly income from line 11. 3,893.00 Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 0.00 19a. If the marital adjustment does not apply, fill in 0 on line 19a. 3,893.00 19b. Subtract line 19a from line 18. \$ 20. Calculate your current monthly income for the year. Follow these steps: 3,893.00 20a. Copy line 19b Multiply by 12 (the number of months in a year). x 12 46,716.00 20b. The result is your current monthly income for the year for this part of the form 70,976.00 \$ 20c. Copy the median family income for your state and size of household from line 16c 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

#### X /s/ Melissa Angela Waller

Melissa Angela Waller

Signature of Debtor 1

Date February 8, 2017

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Barclays Bank Delaware Po Box 8803 Wilmington, DE 19899

Bk Of Amer Po Box 982238 El Paso, TX 79998

Capital One Bank Usa N 15000 Capital One Dr Richmond, VA 23238

Chase Card Po Box 15298 Wilmington, DE 19850

Commonwealth Financial 245 Main St Dickson City, PA 18519

Connects Federal Credit Union 7700 Shrader Rd Richmond, VA 23228

Credit One Bank Na Po Box 98872 Las Vegas, NV 89193

Enhanced Recovery Co L 8014 Bayberry Rd Jacksonville, FL 32256

First Credit Corporation P.O. Box 9300 Boulder, CO 80301

Glasser & Glasser 580 E. Main St. Suite 600 Norfolk, VA 23510

Midland Funding 2365 Northside Dr Ste 30 San Diego, CA 92108 Mitchell Rubenstein & Assoc 12 S. Summit Ave, Suite 250 Gaithersburg, MD 20877

Phh Mortgage Services 1 Mortgage Way Mount Laurel, NJ 08054

Samuel I. White 5040 Corporate Woods Dr. Suite 120 Virginia Beach, VA 23462

Samuel I. White, PC 1804 Staples Mill Road Suite 200 Richmond, VA 23230

Stellar Recovery, Inc. 1327 U.S. Highway 2 W, Su. 100 Kalispell, MT 59901